

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <u>09782937</u>	FILING DATE <u>2-14-01</u>					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2		/					52					
3		/					53					
4		/					54					
5		/					55					
6		/	.				56					
7		/					57					
8		/					58					
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10		/					60					
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12		/					62					
13	/						63					
14		/					64					
15		/					65					
16		/					66					
17		/					67					
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32		/					82					
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34		/					84					
35		/					85					
36		/					86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3						TOTAL IND.					
TOTAL DEP.	33						TOTAL DEP.					
TOTAL CLAIMS	36						TOTAL CLAIMS					